

990832-TC

APPLICATION

1. Name of company:
MARETEL

2. Name under which applicant will do business (fictitious name, etc.):
FICTITIOUS NAME

3. Official mailing address (including street name & number, post office box, city, state, and zip code):
MARETEL
P.O. Box 32721
PALM BEACH GARDENS, FL
33420

4. Florida address (including street name & number, post office box, city, state, and zip code):
5781 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL
33418

5. Structure of organization:
 Individual () Corporation
() General Partnership () Limited Partnership
() Other, _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
(a) Florida Secretary of State Corporate registration number: _____

APPLICATION

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: G99165900038

8. F. E. I. Number (if applicable): NOT APPLICABLE

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

(a.) Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

APPLICATION

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

1. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: MICHAEL KOFOD

Title: OWNER

Address: 5781 GOLDEN EAGLE CIRCLE

City/State/Zip: PALM BEACH GARDENS, FL, 33418

Telephone No.: 561 630-0851 Fax No.: _____

Internet E-Mail Address: MKOFOD@GATEWAY.NET

Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company:

Name: MICHAEL KOFOD

APPLICATION

Title: OWNER
Address: 5781 GOLDEN EAGLE CIRCLE
City/State/Zip: PALM BEACH GARDENS FL 33418
Telephone No.: 561 630 0851 Fax No.: _____
Internet E-Mail Address: MKOFOD@GATEWAY.NET
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: MICHAEL KOFOD
Title: OWNER
Address: 5781 GOLDEN EAGLE CIRCLE
City/State/Zip: PALM BEACH GARDENS, FL, 33418
Telephone No.: 561 630-0851 Fax No.: _____
Internet E-Mail Address: MKOFOD@GATEWAY.NET
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation.

— NO — DOES NOT APPLY

APPLICATION

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

- NO - APPLICANT HAS NEVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN FLORIDA

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

- NO - APPLICANT IS NOT

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE - NO OTHER STATES

b. Has applications pending to be certificated as a pay telephone provider.

NONE ARE PENDING

APPLICATION

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

- NONE - APPLICANT HAS NEVER BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

- NONE HAVE BEEN IMPOSED

16. Please check (✓) the services that will be provided:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER (Describe)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

APPLICATION

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

19 Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes () No

Explain: _____

20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(13), F.A.C.).

Yes () No



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 14, 1999

MARESTEL
BOX 32721
PALM BEACH GARDENS, FL 33420

Subject: **MARESTEL**

REGISTRATION NUMBER: **G99165900038**

This will acknowledge the filing of the above fictitious name registration which was registered on June 14, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/tl

Division of Corporations

Letter No. 699A00031804

DEPOSIT DATE
D159 JUN 28 1999

APPLICATION

*** * FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE (PATs)
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment Card, and a non-refundable **application fee of \$100.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

DEPOSIT DATE
D159 JUN 28 1999

APPLICATION

** FLORIDA PUBLIC SERVICE COMMISSION **

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE (PATs)
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

MICHAEL G. KOFOD
4489 PENHURST COURT
FAYETTEVILLE, NC 28311

66-1040/531
26005

283

23 JUN 19 99

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION \$ 100.00

ONE HUNDRED AND 00/100 DOLLARS

FIRST UNION First Union National Bank

FOR DIVISION OF RECORDS AND REPORTING

Michael G. Kofod

JUN 26 1999

DOCUMENT NUMBER-DATE

07791 JUN 28 99

FPSC-RECORDS/REPORTING

JUN 28 05:04 1999